Consumer Advisory Group Meeting

July, 24 2013 10-11:30am

Name	Organization
Alec Ziss	CapeCare
Kathleen Donaher	Regis College
Eileen Elias	JBS International
Lisa Fenichel	eHealth Consumer Advocate
Lucilia Prates	Medical Senior Patrol
Barbara Popper	Federation for Children with Special Needs
Winnie Tobin	Medically Induced Trauma Support Services
Support Staff	Massachusetts eHealth Collaborative
Micky Tripathi	Massachusetts eHealth Collaborative
Mark Belanger	Massachusetts eHealth Collaborative
Jennifer Monahan	Massachusetts eHealth Collaborative

Review of Materials and Discussion

Attendance Discussion

- Discussion about In-Person vs. Phone Attendance (Slide 2). Summary of the discussion and resulting action items:
    - There are many Advisory Group members who have not attended meetings in some time. There are very few members that attend in person.
        - Action: MAeHC staff will reach out to AG members who have not been regularly participating in meetings and attempt to re-engage these members.
        - Action: The Advisory Group will have more in-person meetings (see schedule below for meetings that are in-person vs. by call in). Advisory Group members will be asked to attend in person if able and a call in number will be used for those with exceptional circumstances. See the following schedule:

Date	Physical Location	Dial In
24-Jul-13 10:00-11:30	Phone only	(866) 951-1151 x. 8234356
25-Sep-13 10:00-11:30	In Person - MMS Middlesex Central Conference Room	Phone line open but in person attendance encouraged
23-Oct-13 10:00-11:30	In Person - MMS Middlesex Central Conference Room	Phone line open but in person attendance encouraged
27-Nov-13 10:00-11:30	Phone only (day before Thanksgiving)	(866) 951-1151 x. 8234356
22-Jan-14	In Person - MMS Middlesex Central	Phone line open but in person

| 10:00-11:30 | Conference Room | attendance encouraged |
| 26-Feb-14 10:00-11:30 | Phone only | (866) 951-1151 x. 8234356 |

- o There is a need for more consumer representation on the HIT Council – Though Lisa Fenichel attends all HIT Council meetings and participates in discussion, there is not a formal consumer seat at the table that has parity with the other HIT Council members
    - Action: MAeHC staff will raise the need for consumer representation on the HIT Council with HHS, the Secretary, and the HIT Council
- o There is a critical need for patient outreach and education – The group has raised this point many times in the past and does not feel it is being heard
    - Action: MAeHC staff will raise the need for patient outreach and education with HHS, the Secretary, and the HIT Council and will convey the urgent need to develop a communications plan
- o There is a need for closure on the frequently asked questions (FAQ) document that the Advisory Group produced last year.
    - Answer: FAQs have been posted by MeHI at http://www.mehi.masstech.org/health-information-exchange-0/mass-hiway/mass-hiway-faqs
- o Some Advisory Group members do not like that their role is limited to reacting to discussion materials and do not want to be a "rubber stamp." Some AG members would like to be more active can volunteer more time to the project.
- o Advisory Group would like more time to review materials before each meeting.
    - Action: MAeHC will aim to get meeting materials out earlier where possible though information is often "hot off the press."
- o An Advisory Group member has asked for a definition of Behavioral Health. The member mentioned that a behavioral health advisory workgroup formed after Chapter 224 and just came out with their report for statewide behavioral health.

Project Updates

- Phase 1 Transaction and Deployment Update as of June 2013. (Slide 4)
    - o Transactions update
        - Transactions exchanged in June: 106,331
        - Cumulative transactions to date: 1,255,903
    - o Question: What is a transaction? Is this just to and from the HIway. In other words the organizations in production are not just exchanging with each other, but rather they will be exchanging just bilaterally?
        - Answer: Yes, these are one way transactions. The HIway will not open the message being sent. Most are care coordination transactions like discharge summaries. At MAeHC we do reporting for the BID ACO and transactions go

from BID practices to our Quality Data Warehouse where we strip the identifiers, calculate the measures, and send the quality reports to CMS.
- o <u>Question:</u> Will transactions include labs and prescriptions?
  - <u>Answer:</u> There are not prescriptions going through the HIway; MA has a very high e-prescribing rate, approaching 100%. At this point prescriptions are going through the Surescripts private network and not the HIway. We expect that organizations will use the HIway to send lab orders and results.
- o Deployment Update
  - <u>Organizations in Production:</u>   3
    - Beth Israel Deaconess Medical Center
    - Network Health
    - Massachusetts eHealth Collaborative
  - <u>Organizations live (successful transaction):</u>   4
    - Holyoke Medical Center/Holyoke HIE
    - Tufts Medical Center
    - Beaumont Medical
    - Dr. Gregory Harris
  - <u>Organizations in implementation stage:</u>   11
  - <u>Organization in on-boarding stage:</u>   7
  - <u>Organizations in pipeline:</u>   79
- Phase 2 Overall Timeline (Slide 5)
  - o Currently the design team is going through requirements gathering and validation.
  - o The Phase 2 Design approach will be completed in early August
  - o Phase 2 services will be rolled out in two releases – one in October 2013 and one in spring 2014.

Phase 2 Technical Design Under Construction

- Overview of Today's Discussion (Slide 7)
  - o Policy and technical controls are designed to prevent inappropriate disclosures of patient information. There are some things that the technology can enforce and others where we will rely upon policies to enforce proper use of the HIway.
  - o *Technical controls:* Protections that may be built into the HIway to avoid or prevent opportunities for unauthorized disclosures
  - o *Policy controls:* "Rules of the Road" protections that may be included in law or contract and which require HIway participants to behave properly or to face consequences
- Policy and Technical Controls in Today's World "Pre-HIway" (Slide 8)
  - o The group reviewed how Policy and Technical controls in place today. The idea here is that for any type of constraint or any "rules of the road," there are either technical controls or policy controls. Where technical controls cannot be relied upon, policies will be put in place. For example, a provider cannot view a patient in

the RLS if there is not an established relationship - the technology enforces this policy.

- There is a large reliance on HIPAA, but contractual agreements fill in the "blanks."

- Review Phase 1 Services, User-to-User Push (Slide 9)
  - A diagram of the current Phase 1 services
  - New items: The ability to look up a provider using the Provider Directory, and there is an audit trail.
- Review Phase 2 Services (Slide 10)
  - The phase 2 diagram adds the Relationship Listing Service (RLS) which will help identify where a record may be held and a request can then be sent to the holding facility.
- Phase 1 Policy and Technical Controls with MA HIway (Slide 11)
  - Currently, there are technical controls around authentication; consent gathered by the data holding entity is a policy control.
    Policy controls around authorization and access will fill the gaps left by the technology. Current manual processes can only be enforced through policies.
- Phase 2 Policy and Technical Controls with MA HIway (Slide 12)
  - The table adds the Phase 2 policy and technical controls to consider
    - Disclosure will need to include the publishing of the patient/entity relationship on the RLS, viewing the relationships, requesting a patients record and providing the record
  - On the HIway the information published will be based on the permission given to the data holding entity. Information viewing will be based on the permissions given to the requesting entity. The data holding entity can respond however they see fit and any information provided by data-holding entities is based on the authorization represented by the requestor.
  - On the technical side, there will be consent flags attached to the Admission Discharge Transfer (ADT) message to establish the relationship. Viewing will be restricted to only the entitled entities that have a recorded relationship with a patient. Audit logs will be available.
    - There will be more authentication controls in Phase 2. The data holding entity will make the determination of whether a satisfactory level of assurance has been met in the request. Trust will be based on entity authentication.
  - On the policy side, publishing the relationship to the RLS is facilitated through patient consent gathered by the data holding entity. If a patient does not give permission, the ADT message will not be sent to the RLS. Providing a record to another entity via the HIway will rely on the data holding entity validating authorization in order to send the information.

- o Question: In regard to privacy and confidentiality, how will the HIway interact with mental health? It would be beneficial to meet with the Substance Abuse and Mental Health Services Administration (SAMHSA) and Center for Integrated Health Solutions.
    - Answer: The HIway is currently used for behavioral health – in fact a behavioral health provider, Dr. Gregory Harris, is one of the first providers to go live on the HIway. The HIway design accommodates exchange of patient-consented sensitive information. We are happy to share what we learn in Massachusetts with SAMHSA.

Next steps (Slide 15)

- Key points and recommendations synthesized and provided back to Advisory Group for final comments (completed)
- Need for Consumer representation on the HIT Council to be raised with EOHHS Secretary and HIT Council (underway)
- Need for consumer outreach and communications to be raised with EOHHS and HIT Council (underway)
- Presentation materials and notes to be posted to EOHHS website
- Next Advisory Group Meeting – September 25, 10:00-11:30 am.
    - Conference call – – (866) 951-1151 x. 8234356
- HIT Council – August 5, 2013, 3:30-5:00 One Ashburton Place, 21st Floor

HIT Council meeting schedule, presentations, and minutes may be found at
http://www.mass.gov/eohhs/gov/commissions-and-initiatives/masshiway/hit-council-meetings.html